

SERIAL NUMBER 09/307,023 REISSUE	FILING DATE 05/07/99	CLASS 345	GROUP ART UNIT 2774	ATTORNEY DOCKET NO. IMM1P066.RE
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APPLICANT SEPTIMIU EDMUND SALCUDEAN, VANCOUVER, CANADA; ALLAN J. KELLEY, SURREY, CANADA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A RE OF 07/965,427 10/23/92 PAT 5,790,108

kc

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

kc

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

kc

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 7	TOTAL CLAIMS 75	INDEPENDENT CLAIMS 9
Verified and Acknowledged <u>kc</u> Examiner's Initials Initials					

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TITLE CONTROLLER

FILING FEE RECEIVED \$2,374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 4303

<b>SERIAL NUMBER</b> 09/307,023	<b>FILING DATE</b> 05/07/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2673	<b>ATTORNEY DOCKET NO.</b> IMM1P066.RE
<b>APPLICANTS</b> SEPTIMIU EDMUND SALCUDEAN, VANCOUVER, CANADA; ALLAN J. KELLEY, SURREY, CANADA;				
** CONTINUING DATA ***** This application is a REI of 07/965,427 10/23/1992 PAT 5,790,108				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/17/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 75
INDEPENDENT CLAIMS 9		EXAMINER'S SIGNATURE _____ INITIALS _____		
<b>ADDRESS</b> 34300				
<b>TITLE</b> CONTROLLER				
<b>FILING FEE RECEIVED</b> 3202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	